

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551400

FILING DATE

10/31/05

APPLICANT(S)

4-23-08 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
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29			/	/	/	/
30			/	/	/	/
31			/	/	/	/
32			/	/	/	/
33			/	/	/	/
34			/	/	/	/
35			/	/	/	/
36			/	/	/	/
37			/	/	/	/
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41			/	/	/	/
42			/	/	/	/
43			/	/	/	/
44			/	/	/	/
45			/	/	/	/
46			/	/	/	/
47			/	/	/	/
48			/	/	/	/
49			/	/	/	/
50			/	/	/	/
TOTAL IND.	2	↓	2	↓	5	↓
TOTAL DEP.	33	←	16	←	16	←
TOTAL CLAIMS	35		18		21	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						